



Express Mail No.: EV473970863US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:	Palese et al.	Confirmation No.:	3723
Serial No.:	10/713,732	Art Unit:	1648
Filed:	November 14, 2003	Examiner:	Mosher, Mary
For:	ATTENUATED NEGATIVE STRAND VIRUSES WITH ALTERED INTERFERON ANTAGONIST ACTIVITY FOR USE AS VACCINES AND PHARMACEUTICALS	Attorney Docket No.:	6923-118

AMENDMENT UNDER 37 C.F.R. § 1.111

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action, mailed October 24, 2006, and in accordance with Rule 111 of the Rules of Practice, Applicants respectfully request consideration of the remarks and amendments below and entry of them into the record for the application. Applicants submit herewith: (i) a Petition for Extension of Time for two (2) months, up to and including March 24, 2007, with authorization to pay the fee due, in duplicate; (ii) an Amendment Fee Transmittal sheet in duplicate; (iii) a Supplemental Information Disclosure Statement and revised PTO-1449 form accompanied by the B01-B04 and C01-C34 references.

It is estimated that no additional fee is required for filing this Amendment. However, in the event that the Patent Office determines otherwise, the Commissioner is hereby authorized to charge any required fee(s) to Jones Day Deposit Account No. 50-3013.

Amendments to the claims begin on page 2.

Remarks begin on page 5.



MAR 23 2007

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FEE TRANSMITTAL SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$0.00.

The claim amendment fee has been estimated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	<input type="checkbox"/> SMALL ENTITY		<input checked="" type="checkbox"/> OTHER THAN A SMALL ENTITY		
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL 44	MINUS 58	0	x 25	\$		x 50	\$ 0.00
INDEP. 2	MINUS 5	0	x 100	\$		x 200	\$ 0.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				\$		\$	0.00
			TOTAL	\$	OR	TOTAL	\$ 0.00

Please charge the required fee to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed.

Respectfully submitted,

Date: March 23, 2007By: Jennifer J. Chheda

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Enclosure